FOR COUNTY USE ONLY

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County of San Bernardino

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STANDARD CONTRACT

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Contract Type 2(b)							_						
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THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, Probation Department, hereinafter called the County, and

Name					
Family Service Agency		hereinafter called	Contractor		
Address					
1669 North E Street					
San Bernardino, CA 92415					
Phone	Birth Date				
(909) 886-6737		<u></u>			
Federal ID No. or Social Security No.					

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3

It is hereby agreed to amend contract # 01-811 between the County and Family Service Agency as follows:

Section III: Contractor General Responsibilities

Amend Paragraph F to read as follows:

F. Contractor shall notify County in writing of any change in mailing address and/or physical location within ten (10) days of the change, and shall immediately notify County of changes in telephone or fax numbers.

Amend Paragraph O, Item 2, Subparagraph c to read as follows:

c. Errors and Omissions Liability Insurance - Combined single limits of \$1,000,000 and \$3,000,000 in the aggregate or

Professional Liability - Professional liability insurance with limits of at least \$1,000,000 per claim or occurrence.

Section V: Fiscal Provisions

Amend Paragraph A to read as follows:

A. The maximum amount of payment under this contract shall not exceed \$124,500 for services provided under this Contract from August 1, 2001 through June 30, 2004, and shall be subject to availability of funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

Section VIII: Term

Amend Section VIII to read as follows:

This Contract is effective as of August 1, 2001, and is extended from its amended expiration date of June 30, 2003 to June 30, 2004, but may be terminated earlier in accordance with provisions in Section IX of this Contract.

Section X: General Provisions

Amend Paragraph A to read as follows:

A. When notices are required to be given pursuant to this Contract, the notices shall be in writing and mailed to the following respective addresses listed below.

Contractor: Family Service Agency of San Bernardino

1669 North E Street San Bernardino, CA 92405

County: County of San Bernardino

Probation Department

Attn: Holly Benton, AB 1913 Coordinator

175 West Fifth Street

San Bernardino, CA 92415-0515

County (*Insurance Information Only*):

County of San Bernardino c/o Insurance Data Services P.O. Box 12010 – CB Hemet, CA 92546-8010

Add Paragraph G to read as follows:

G. Contractor shall not offer (either directly or through an intermediary) any improper consideration such as, but not limited to, cash, discounts, service, the provision of travel or entertainment, or any items of value to any officer, employee or agent of the County in an attempt to secure favorable treatment regarding this Agreement.

The County, by written notice, may immediately terminate any Agreement if it determines that any improper consideration as described in the preceding paragraph was offered to any officer, employee or agent of the County with respect to the proposal and award process. This prohibition shall apply to any amendment, extension or evaluation process once an Agreement has been awarded.

Contractor shall immediately report any attempt by a County officer, employee or agent to solicit (either directly or through an intermediary) improper consideration from Contractor. The report shall be made to the supervisor or manager charged with supervision of the employee or to the County Administrative Office. In the event of a termination under this provision, the County is entitled to pursue any available legal remedies.

All other terms and conditions remain in full force and effect.

Auditor/Controller-Recorder Use Only

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☐ Contract Database

COUNTY OF SAN BERNARDINO		Family Service Agency of San Bernardino (Print or type name of corporation, company, contractor, etc.)			
Dennis Hansberger, Chairman, Board of	Supervisors	Ву	(Authorize	ed signature - sign in blue ink)	
Dated		Name .	Dr. Arnold Payne		
SIGNED AND CERTIFIED THAT A COPY OF DOCUMENT HAS BEEN DELIVERED TO CHAIRMAN OF THE BOARD Clerk of the Board of S of the County of San B	THE	Title	(Print or Type)		
By		Address 1669 North E Street San Bernardino, CA 92405			
Approved as to Legal Form	Reviewed by Contra	ct Compliar	ice	Presented to BOS for Processing	
Dawn Stafford, Deputy County Counsel				Raymond B. Wingerd, Chief Probation Officer	
Date	Date			Date	

Input Date	Keyed By
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